



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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BUREAU OF FACILITY STANDARDS
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July 18, 2008

Rachel Gonzales, Administrator
Teton Valley Hospital & Surgicenter
120 East Howard Avenue
Driggs, Idaho 83422

RE: Teton Valley Hospital & Surgicenter, provider #131313

Dear Ms. Gonzalez:

This is to advise you of the findings of the Medicare/Licensure Fire Life Safety Survey, which was concluded at your facility, Teton Valley Hospital & Surgicenter, on July 8, 2008.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicare deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

Rachel Gonzales, Administrator
July 18, 2008
Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **July 31, 2008**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "Taylor Barkley", written in a cursive style.

TAYLOR BARKLEY
Health Facility Surveyor
Facility Fire Safety and Construction Program

TB/lj

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 07/16/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131313	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2008
NAME OF PROVIDER OR SUPPLIER TETON VALLEY HOSPITAL AND SURGICENTR		STREET ADDRESS, CITY, STATE, ZIP CODE 120 EAST HOWARD AVENUE DRIGGS, ID 83422		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	<p>INITIAL COMMENTS</p> <p>The hospital is a single story structure with a partial basement; is of at least Type V(III) construction; and, is protected throughout by a complete automatic fire extinguishing system. A complete renovation of the existing building and a major addition was completed in August of 1996. Additional fire safety features include a fire alarm system with smoke detection in each patient room, common areas, and at some barrier partition door assemblies; portable fire extinguishers throughout; a smoke barrier partition (i.e., two smoke compartments) on the main floor; and, an essential electrical system (i.e., diesel powered generator). There are a total of four (4) exits to grade from the first (i.e., main) floor and two (2) exits directly to grade from the non-patient use basement level. A medical office clinic is attached to the west end of the hospital and is separated from the hospital by a two (2) hour rated wall assembly with a pair of one and one half (i.e., 1 1/2) hour rated door assemblies in the common opening between the hospital and clinic.</p> <p>The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on July 8, 2008. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Existing Health Care Occupancy, adopted 11 March, 2003. In accordance with 42 CFR 482.41.</p> <p>The Survey was conducted by:</p> <p>Taylor Barkley, Health Facility Surveyor Fire/Life Safety</p>	K 000	<p>RECEIVED</p> <p>JUL 31 2008</p> <p>FACILITY STANDARDS</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Matthew Alderson *Dir Maint / Engineering*

7/29/08

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 029 NFPA 101 LIFE SAFETY CODE STANDARD

One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1

This Standard is not met as evidenced by:

Based on observation the facility did not ensure that hazardous area doors are self closing. This deficiency during a fire would accelerate the spread of smoke and fire gasses into the corridor from the hazardous area, and contribute to fire growth by lessening the ability for fire containment.

Findings include:

During the tour of the facility on July 8, 2008 at 1:22 PM, observation of the door to the elevator mechanical room revealed that it did not have a self closing device installed on it. This was observed by the surveyor and the maintenance supervisor.

K 029

The door closing device was removed to use on a high-traffic door that the closer had failed. No individuals were affected due to the elevator mechanical room is only entered by maintenance staff, and only once or twice per month. This was only a temporary condition until a new closer could be purchased. Door closing device was reinstalled on 7/18/08.

K 050 NFPA 101 LIFE SAFETY CODE STANDARD

Fire drills are held at unexpected times under

K 050

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K 050	<p>Continued From page 2</p> <p>varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>This Standard is not met as evidenced by: Based on record review it was determined that the facility failed to ensure that fire drills were conducted at least quarterly on each shift. In the event of an emergency the drills help to ensure that staff on all shifts are trained and react accordingly for the emergency.</p> <p>Findings include:</p> <p>An examination of the facility's fire drill records on July 8, 2008 at 1:04 PM, revealed that there was no documentation for drills for the first and second shift during the first quarter, second and third shift during the second quarter, and a third shift during the fourth quarter having been conducted. All findings were witnessed and noted by surveyor and the maintenance supervisor.</p>		K 050	<p>The safety and security committee will assist with conducting fire drills every shift for each quarter. Every effort will be made to include all staff in a fire drill, every quarter. First shift drill was conducted on 7/1/08. A second shift drill was conducted on 7/8/08. The third shift drill is scheduled for 8/12/08. A fire/evacuation drill record will be completed and signed by all participants and kept on file for inspection.</p>	
K 074	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Draperies, curtains, including cubicle curtains, and other loosely hanging fabrics and films serving as furnishings or decorations in health care occupancies are in accordance with</p>		K 074		

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K 074	<p>Continued From page 3</p> <p>provisions of 10.3.1 and NFPA 13, Standards for the Installation of Sprinkler Systems. Shower curtains are in accordance with NFPA 701.</p> <p>Newly introduced upholstered furniture within health care occupancies meets the criteria specified when tested in accordance with the methods cited in 10.3.2 (2) and 10.3.3. 19.7.5.1, NFPA 13</p> <p>Newly introduced mattresses meet the criteria specified when tested in accordance with the method cited in 10.3.2 (3) , 10.3.4. 19.7.5.3</p> <p>This Standard is not met as evidenced by: Based on observations and staff interview, it was determined the facility had not ensured that hanging fabrics and films were flame resistant. In the event of a fire these deficiencies have the ability to add to the fire load and decrease the time for flashover to occur.</p> <p>The findings include:</p> <p>During the facility tour on July 8, 2008, between the hours of 1:30 PM and 1:45 PM observation of the interior of the facility revealed that the following areas contained curtains and they were not tagged as being flame resistant and the facility could not produce documentation that a flame retardant solution had been applied to the them. The following rooms / areas observed are as follows: The curtains in the Physical Therapy room, and patient room #8. This was observed by the surveyor and the facility maintenance</p>	K 074	<p>Housekeeping staff has been advised to use only curtains with fire resistant tags attached.</p> <p>The safety officer will perform monthly inspections of curtains and furnishings to insure that life safety codes are being followed. Materials management are in the process of purchasing new fire resistant curtains to replace ones without tags.</p> <p>New curtains should be in-service within 30 days. Curtains were removed from physical therapy room.</p>		

AUG. 5. 2008 9:15AM

T. V. H. C. 208 354 3158

NO. 307

P. 2

Printed: 07/16/2008

FORM APPROVED

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K 074	Continued From page 4 supervisor.	K 074			
K 144	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>This Standard is not met as evidenced by: Based on observation, it was determined that the facility had not ensured the auxiliary generator was installed in accordance with NFPA 110. This deficiency in the event of a power failure and the generator malfunctions during the night there is no alternate light source available for the generator room.</p> <p>The findings include:</p> <p>During the tour of the facility on July 8, 2008, at 1:47 PM, observation of the generator room revealed that there was no battery operated emergency lighting for the room. This was observed by the surveyor and maintenance supervisor.</p>	K 144	<p>K 144: An emergency battery backup light has been purchased. It is due to be delivered on Wednesday, 8-6-08. It will be installed no later than Thursday, the 7th. 2008</p>		

FORM CMS-2567(02-99) Previous Versions Obsolete

1HFP21

If continuation sheet Page 5 of 5

Bureau of Facility Standards

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B 000	<p>16.03.14 Initial Comments</p> <p>The hospital is a single story structure with a partial basement; is of at least Type V(III) construction; and, is protected throughout by a complete automatic fire extinguishing system. A complete renovation of the existing building and a major addition was completed in August of 1996. Additional fire safety features include a fire alarm system with smoke detection in each patient room, common areas, and at some barrier partition door assemblies; portable fire extinguishers throughout; a smoke barrier partition (i.e., two smoke compartments) on the main floor; and, an essential electrical system (i.e., diesel powered generator). There are a total of four (4) exits to grade from the first (i.e., main) floor and two (2) exits directly to grade from the non-patient use basement level. A medical office clinic is attached to the west end of the hospital and is separated from the hospital by a two (2) hour rated wall assembly with a pair of one and one half (i.e., 1 1/2) hour rated door assemblies in the common opening between the hospital and clinic.</p> <p>The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on July 8, 2008. The facility was surveyed under the LIFE SAFETY CODE, 1985 Edition, Existing Health Care Occupancy, in accordance with IDAPA 16.03.14.</p> <p>The Survey was conducted by:</p> <p>Taylor Barkley Health Facility Surveyor Fire/Life Safety and Construction</p>	B 000	<p>RECEIVED</p> <p>JUL 31 2008</p> <p>FACILITY STANDARDS</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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BB161	Continued From Page 1	BB161		
BB161	<p>16.03.14.510 Fire and Life Safety Standards</p> <p>Buildings on the premises used as a hospital shall meet all the requirements of local, state, and national codes concerning fire and life safety that are applicable to hospitals.</p> <p>General Requirements. General requirements for the fire and life safety standards for a hospital are that:</p> <p>The hospital shall be structurally sound and shall be maintained and equipped to assure the safety of patients, employees, and the public.</p> <p>On the premises of all hospitals where natural or man-made hazards are present, suitable fences, guards, and railings shall be provided to protect patients, employees, and the public.</p> <p>This Rule is not met as evidenced by:</p> <p>Refer to the following Federal tags on CMS 2567:</p> <p>K 029 Protection of hazardous areas.</p> <p>K 50 Fire Drills</p> <p>K 74 Flame resistance of curtains.</p> <p>K144 Emergency lighting for generator room.</p>	BB161	<p>Refer to K 29, K50, K74, K144 on CMS 2567</p>	